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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 128600001		CITY OR T	ΓOWN	TOWNSEN	ND
APPLICATION FO	R RENEWAL:	Annual CLASS		LICEN	SED FOR 20	)13 YEAR
	COOPERAGE, INC A TOWNSEND HO T ST.		ANT			
CITY/TOWN: TO	WNSEND	STATE: MA	A ZIP CO	DE:	01469	
	KHAUT, TYP BERT	E OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		R EMAIL ADDRESS			
	LICENSED PREMIS		ICE ADEA DE	, muc	20011 2	w v c
	UNGE, STORAGE, Þ OOM AND RESTRO		ICE AREA, DI	NING I	ROOM 1, DII	NING
	ses are now open for landividual, Partner	business (If not ex	plain below)	elating to	o taxes; and	
DATE:	TELEPHONI	E NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the h	ead of the fire	departı	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.	ain)		LOCAL I By:	LICENS	SING AUTHO	ORITY
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 128600005		CITY OR TOWN TOWNSH	END
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: TOWNSEND PO DOING BUSINESS A ADDRESS 00491A MAIN ST.	OST #6538 V.F.W. OF	THE U.S.	
CITY/TOWN: TOWNSEND	STATE: MA	ZIP CODE: 01474	
MANAGER: TERRI, ROY T	YPE OF LICENSE: Ve	terans club CATEGORY	: All Alcohol
EMAIL ADDRESS:	WEBSITE AND ENTER YOUR E		
DESCRIPTION OF LICENSED PREM	IISES:		
WOOD FRAME BUILDING ONE AR SQUARE FOOTAGE IS 6800. SEATH			OTAL
<ol> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	ith all laws of the Com	nonwealth relating to taxes; and	I
SIGNED BY: Individual, Partn	er or Authorized Corpo	orate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building is license and (2) the certificate of liquo	inspector and the head	d of the fire department for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:  APPLICATION FOR RENEWAL MUST BE FILED BY			



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 128600009		CITY OR TOWN	TOWNSEN	ND
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: DADA MAA DOING BUSINESS A TOWNSEN ADDRESS 224 MAIN ST				
CITY/TOWN: TOWNSEND	STATE: MA	ZIP CODE:	01469	
MANAGER: PATEL, RANJITABEN	TYPE OF LICENSE: Pa		ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PR	REMISES:			
MAIN AREA, WINE AREA, STO	RAGE, BACK STORAGE	, BASEMENT AND	ATTIC	
I hereby certify and swear under per	nalties of perjury that:			
1. the renewed license will	1 0 0	e same premises now	licensed:	
2. the licensee has complie	· -	=		
•		•	o taxes, and	
3. the premises are now op	en for business (if not expi	iaili below)		
SIGNED BY: Individual, P	Partner or Authorized Corp	orate Officer		
DATE: TELEI	PHONE NUMBER:			TION NUMBER:
		(Note: NOT Ind	lividual Social S	security Number)
DI CI I DI				
Please Check Below: APPROVED:		LOCAL LICENS	SING AUTHO	ORITY
		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 128600010	(	CITY OR TOWN TOW	NSEND
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: Chanchetha Corpor DOING BUSINESS A THE WINE NOC			
ADDRESS 18 MAIN STREET			
CITY/TOWN: TOWNSEND	STATE: MA	ZIP CODE: 0146	59
MANAGER: Un, Chanchetha TYF	PE OF LICENSE: Pack	age Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS 2,400 SQ. FT.	EBSITE AND ENTER YOUR EMA SES:	ALL ADDRESS	
I hereby certify and swear under penalties  1. the renewed license will be of  2. the licensee has complied with  3. the premises are now open for	the same type for the sa all laws of the Commo	onwealth relating to taxes;	
SIGNED BY: Individual, Partner	or Authorized Corpora	ate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	UTHORITY
DATE:			



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1286000	11	CITY OR TOWN	TOWNSEN	D
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: STEVEN	N KASPER			
DOING BUSINESS A OLD B	RICK STORE			
ADDRESS 440 MAIN ST				
CITY/TOWN: TOWNSEND	STATE: MA	ZIP CODE:	01474	
MANAGER:	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-		
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSEI	D PREMISES:			
ONE ROOM, ALL ON ONE F OFFICE,STORAGE AREA	LOOR. STORE AREA INCL	UDING 24 X 12, 148	2 SQ FT.	
3. the premises are now SIGNED BY:	aplied with all laws of the Converge vopen for business (If not expand)	olain below)	o taxes; and	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
Please Check Below:		LOCAL LICENS	SING AUTHO	RITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
<u>.</u> .				
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 128600014		CITY OR TOWN	TOWNSENI	)
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 201	3 TEAR
LICENSEE NAME: SEASON'S P DOING BUSINESS A YEE'S VILL ADDRESS 350 MAIN STREET	PALACE # 3, INC.		1	EAK
CITY/TOWN: TOWNSEND	STATE: MA	ZIP CODE:	01469	
MANAGER: YU, CHECK SIEL	TYPE OF LICENSE: Res	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT  DESCRIPTION OF LICENSED PR	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
KITCHEN AREA/WALK IN COOR				A &
the licensee has complied     the premises are now ope  SIGNED BY:  Individual, P	d with all laws of the Comn	nonwealth relating to in below)		
	PHONE NUMBER:	(Note: NOT Ind	R IDENTIFICATIO	urity Number)
We the undersigned, attest that w Acts of 2004, signed by the buildi license and (2) the certificate of li	ng inspector and the head	of the fire departi	ment for the a	bove named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHOI	RITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	128600017		CITY (	OR TOWN	TOWNSE	ND
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 18 MAIN	A	SE, INC.				
CITY/TOWN: TOW		STATE: MA	ZIF	CODE:	01469	
MANAGER: LIAN			estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDR	ESS		_
4000 SQFT SINGLE BARAREA, RESTRO STORAGE IN REAR	OOM. ONE EXIT A	T FRONT AND ON	NE EXIT	IN REAR		
2. the license	d license will be of e has complied with es are now open for	the same type for the all laws of the Combusiness (If not exp	monweal	th relating w)		
	marviduai, i artiici	of Authorized Corp	orate Off.	icci		
DATE:	TELEPHON	E NUMBER:	(N			TION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	spector and the hea	d of the f	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 128600018		CITY OR TOWN	TOWNSEN	ND
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	: BAILEY'S BAR &	GRILLE,LLC			
DOING BUSINESS	S A				
ADDRESS 303 TO	WNSEND HILL RD				
CITY/TOWN: TO	WNSEND	STATE: MA	ZIP CODE:	01469	
	RIANO,ALBER TYP . JR.	E OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
I hereby certify and  1. the renev 2. the licen 3. the prem  SIGNED BY:	FLICENSED PREMIS FLICENSED PREMIS PACITY RESTAURAL swear under penalties wed license will be of to see has complied with hisses are now open for be Individual, Partner	ES: NT & BAR. of perjury that: he same type for th all laws of the Combusiness (If not exp	e same premises now amonwealth relating to lain below)		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor l	pector and the hea	nd of the fire departm	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	128600019		CITY OR TOW.	N TOWNSE	ND
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DETTERMAN-EN	TERPRISES CORP			
DOING BUSINESS A	A CENTRAL PLAZ	ZA PIZZA			
ADDRESS 220 MAIN	N STREET				
CITY/TOWN: TOW	NSEND	STATE: MA	ZIP CODE:	01469	
MANAGER: DORI	AN, LINDA TYF	PE OF LICENSE:Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
1645 SQ FT RESTAU	JRANT-SEATING	FOR 32			
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises no	w licensed;	
2. the license	e has complied with	all laws of the Com	nonwealth relating	g to taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY:					
SIGNED B1.	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	pector and the hea	d of the fire depa	rtment for the	above named
Please Check Below:	•				
APPROVED:			LOCAL LICE By:	NSING AUTH	OKITI
DISAPPROVED:			By.		
(If disapproved explai	n)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 128600020		CITY (	OR TOWN	TOWNSE	ND
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	BAILEY'S ON	THE GREEN LLC				
DOING BUSINESS	A BAILEY'S O	N THE GREEEN				
ADDRESS 40 SCAL	ES LANE					
CITY/TOWN: TOW	VNSEND	STATE: MA	ZIF	CODE:	01469	
	IANO, ERT S. JR	TYPE OF LICENSE: Go	eneral on emise	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
Ī	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDR	ESS		
DESCRIPTION OF I						
		OR PATIO. 309 CAPAO O SERVE ENTIRE COU		NCTION 1	HALL, PLUS	FOOD
I hereby certify and s	wear under pena	lties of perjury that:				
1. the renewe	ed license will be	e of the same type for the	e same pr	emises nov	w licensed;	
2. the license	e has complied	with all laws of the Com	monweal	th relating	to taxes; and	
3. the premis	ses are now open	n for business (If not exp	lain belov	v)		
SIGNED BY:			0.00	_		
	Individual, Pai	rtner or Authorized Corp	orate Off	ıcer		
DATE:			L	EMBLOW		EION NUMBER
DATE.	TELEPH	HONE NUMBER:	(N			TION NUMBER: Security Number)
						,
		e are in possession (1) tl g inspector and the hea				
		g mspector and the nea uor liability insurance				
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:			By:	L LICE!	511.0710711	
DISAPPROVED:			•			
(If disapproved expla	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED	BY LICENSEES DURING THE I	MONTH OF 1	NOVEMBER (	M.G.L. Ch. 138 \$ 1	6A)